modules for self-selected modules can reduce the total number of modules required for recertification in internal medicine and nephrology to six Self-Evaluation Process modules (three in general internal medicine, three in nephrology) and four Final Examination modules (two in general internal medicine, two in nephrology). The score for each recertification Final Examination will be determined independently. Thus, an individual can be successful in becoming recertified in nephrology but not in internal medicine, even when the processes are undertaken concurrently.

Schedule of availability

This comprehensive recertification program will become available in 1995. The Self-Evaluation Process will be available continuously beginning in 1995. Final Examinations will be available annually beginning in 1996. Diplomates who would like to become recertified before this time can take a regularly scheduled certification examination for recertification credit (interim voluntary recertification).

With this new recertification process, the ABIM provides an opportunity for internists to meet their commitment to professional accountability. Recertification will set standards for high-quality medical care. Success in recertification will recognize the commitment of diplomates to the lifelong scholarship required for excellence in the care of patients. In developing a modular design that can be tailored to individual practice and that stresses self-assessment to promote scholarship, the Board expects all well-prepared diplomates to be successful in recertification.

Awards and Grants

International Fellowship Training Awards

The International Society of Nephrology announces the establishment of an International Fellowship Training Program to provide training in clinical nephrology to physicians from developing countries. It is the objective of this program to support the growth of nephrology in developing countries through an educational program that admits qualified applicants to clinical training in recognized nephrology programs around the world, and then to return to their home country to practice and/or teach. In unique circumstances, applicants who wish basic research training may be considered if the environment in the home country will permit continued research upon the completion of training.

The guidelines for application are as follows:

(1) Fellowship awards will be made only to physicians from developing countries.
(2) Applicants must provide evidence of acceptance into a recognized and suitable training program before the award can be granted.
(3) The Fellow must return to his or her home country upon completion of approved training.
(4) The Fellow must provide evidence of a guaranteed position in a medical institution upon return to the home country.
(5) Fellows will receive a stipend from the Society such that, taking into account the home country and/or the host institution support that they may have, they achieve a $20,000 US revenue.
(6) Fellows must be able to read and speak the language of the host country. An interview may be required to assess verbal fluency.
(7) Fellowships will be offered primarily for clinical training of one to two years duration.
(8) Clinical training programs should be practical in their orientation, and applicable to the needs and conditions of the home country. The ability of the host institution to provide such training will be an important factor in the selection process.
(9) Fellows must have received sufficient training in internal medicine or other fields to pass all host country examinations that are necessary to the care of patients. Fellowships may be awarded to senior individuals who seek additional training but, in general, preference will be given to younger physicians who are at the beginning of their permanent careers.
(10) Specific instructions and the necessary application forms can be obtained by writing directly to Dr. Claude Amiel, Secretary General, International Society of Nephrology, Département de Physiologie, Faculté de Médecine Xavier Bichat, 16, rue Henri Huchard, 75018-Paris, France.

1991 ISN's International Fellowship Training Awards

Aza J. J. Abdulla from Medical City Teaching Hospital, Baghdad, Iraq to go to The Royal Free Hospital, London, UK with John F. Moorhead, M.D.

Maria del Carmen Avila Casado from Instituto Nacional de Cardiologia, Mexico to go to Brigham and Women's Hospital, Boston, MA, USA with Helmut G. Rennke, M.D.

Gabriela Garcia Espinosa from Instituto Mexicano del Seguro Social, Mexico to go to University of California, San Diego, CA, USA with Roland C. Blantz, M.D.

Tomasz Kozlowski from Institue of Surgery, Central University Hospital, Banacha la, Warsaw, Poland to go to Karolinska Institute, Stockholm, Sweden with C.G. Groth, M.D.

Xiaomei Li from The First Hospital, Beijing Medical University, Beijing, PRC to go to Unviersity of Colorado, School of Medicine, Denver, CO, USA with Robert W. Schrier, M.D.

Dragan Ljutic from Clinical Hospital "Firule", Split, Yugoslavia to go to Guy's and St Thomas's Hospitals, London, UK with J. Stewart Cameron, M.D.

Martin John Luta from Kenyatta National Hospital, Nairobi, Kenya to go to Guy's Hospital, London, UK with George B. Haycock, M.D.8

Rafael Villar Ramon from Instituto Nacional de Cardiologia "Ignacio Chavez", Mexico to go to University of Miami, Miami, CA, USA with Jacques J. Bourgoignie, M.D.

Maged Tawfic Tadros from The Cairo Kidney Center, Cairo, Egypt to go to Ente Ospedaliero San Carlo Borromeo, Milano, Italy with Giuseppe D'Amico, M.D.

Zhong-fa Yuan from First Affiliated Hospital, Guangshou, PRC to go to Canterbury Area Health Board, Christchurch Hospital, New Zealand, with Ross R. Bailey, M.D.

Honorary

Yu Lei from Affiliated Hosp. of Guiyang Med. Coll., Guizhou, PRC to go to Ente Osp. San Carlo Borromeo, Milano, Italy with Giuseppe D'Amico, M.D.

Erratum

In our recent article [1] reference #24 to Mckenzie et al [2], the positive immunoperoxidase staining was in the proximal tubule cells and collecting tubules and ducts of the rat kidney, while the distal tubules were negative for atrial natriuretic factor (ANF)-IV (a shortened form of the ANF, consisting of 25 amino acids). The localization of ANF in the study by Figueroa et al [3], which was reference #23 of our article [1] localized the most intense ANF staining to the distal convoluted tubule cells and collecting tubules and ducts of the human nephron while "staining was evident in a very few proximal tubules, where it was found only occasionally in some cells". Thus, in referring to reference #24 it should have been ANF staining in the proximal rather than the distal tubules as was stated [1] and in reference #23 there was some ANF staining in the proximal tubules as well as the distal tubules. In both these important studies [2, 3] ANF staining was also present in the collecting ducts as well. In our immunoperoxidase and immunofluorescent investigation of the N-terminal ANF prohormone peptides [1] where ANF (the C-terminus of the ANF prohormone) was utilized as a control we were able to confirm that ANF immunoperoxidase staining occurs in both the proximal and distal tubules and in the collecting ducts with most intense staining being in the pars convoluta of the proximal tubules. We apologize to authors of these two important studies for any confusion with respect to the discussion of ANF immunoperoxidase staining in these two articles as we did not intend to misrepresent any of the findings of their investigations.

References

1. Ramirez G, Saba SR, Dietz JR, Vesely DL: Immunocytochemical localization of pro ANF 1-30, pro ANF 31-67 and atrial natriuretic factor in the kidney. *Kidney Int* 41:334–341, 1992
2. McKenzie JC, Tanaka I, Misono KS, Inagami T: Immunocytochemical localization of atrial natriuretic factor in kidney, adrenal medulla, pituitary, and atrium of rat. *J Histochem Cytol* 33:828–832, 1985
3. Figueroa CD, Lewis HM, MacIver AG, Mackenzie JC, Bhoola KD: Cellular localization of atrial natriuretic factor in the human kidney. *Nephrol Dialysis Transplant* 5:25–31, 1990

Erratum

In the manuscript "Multiple patterns of 11β-hydroxysteroid dehydrogenase catalytic activity along the mammalian nephron." by Sabine Kenouch, Nathalie Coutry, Nicolette Farman, and Jean-Pierre Bonvalet, *Kidney International*, 42:56–60, 1992, there is an error in units in the text and Figs. 2 and 3: all values of metabolism are in 10^{-16} moles per sample, and not in picomoles per sample.

For submission of manuscripts and announcements

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